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PTQ/\$B/22 (07-06)

PET	ITION FOR EXTENSION OF TIME UNDER 37 C	Docket Number (Opti	onal) 023070-13020	2000S	
FY 2006					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/847,102			Filed May 1, 2001		
For \$TU	IMMUNOLOGIC COMPOSITIONS AND METHODS FO DYING AND TREATING CANCERS EXPRESSING FR IGENS			•	
Art Unit 1642			Examiner Misook Yu, Ph.D.		
	is a request under the provisions of 37 CFR 1.136(a) to cation.	extend the per	iod for filing a reply i	n the above Identified	1
The	requested extension and fee are as follows (check time	period desired	and enter the approp	oriate fee below):	
		<u>Fee</u>	Small Entity Fe	<u>e</u>	
I	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60	
	Two months (37 CFR 1.17(a)(2))	\$45 0	\$225	. \$	— ·
	☐ Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
\boxtimes	Applicant claims small entity status. See 37 CFR 1.2	7.	02/02/2007 TL0111	00000055 201430	0984710
	A check in the amount of the fee is enclosed.		01 FC:2251	60.00 DA	
	Payment by credit card. Form PTO-2038 Is attached				
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.				
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
Ιa	m the applicant/inventor.				
assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 51,868					
	attorney or agent under 37 CFR 1.3 Registration number if acting under			_	
			Fohru	on/ 1 2007	
	Signature			February 1, 2007 Date	
	Beth L. Kelly, Reg. No. 81,868		415/576-0200		.
	Typed or printed name		Telepho	one Number	
NOTE	: Signatures of all the Inventors or applignees of record of the entire into gnature is required, see below.	erest or their represe	ntative(s) are required. So	ubmit multiple forms if more	e than
	Total offorms are submitt	ted.			

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